

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4066AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2008
NAME OF PROVIDER OR SUPPLIER ANGEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 465 EAST ROBINDALE ROAD LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/25/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 6 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with mental illness, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 5. Five resident files were reviewed and 3 employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 870 SS=B	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p>	Y 870		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 870	<p>Continued From page 1</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 5 residents residing in the facility for longer than six months (Resident #2 and #3).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 4/25/08. The last medication profile review available in the record was dated 5/1/08.</p> <p>Resident #3 was admitted on 4/20/06. There was a medication profile review in the record for 4/26/06 and 1/15/07. There was no documented evidence of a medication profile review for 2008.</p> <p>On 11/25/08 at 9:15AM, Employee #2 indicated a medication review was completed when the resident had their yearly physical examination and Tuberculin skin test. The employee was not</p>	Y 870			

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Y 870	Continued From page 2 aware the medication review was to be completed every six months. Severity: 1 Scope: 2	Y 870		
Y 882 SS=B	449.2742(6)(c) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to indicate on a container of medication a change had been made for 2 of 5 residents (Resident #3 and #5). Findings include: 1. Resident #3 was admitted on 4/20/06. A physician's order, dated 10/17/08, indicated	Y 882		

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Y 882	<p>Continued From page 3</p> <p>Gabapentin 100 milligrams (mg) was to be given four times a day. The October 2008 and November 2008 Medication Administration Record (MAR) indicated the resident began receiving Gabapentin 100 milligrams (mg) four times a day. The pharmacy label on the medication container revealed 100 mg of Gabapentin was to be administered three times a day and 200 mg to be administered at bedtime. A notation had not been made on the medication label indicating a change in the order.</p> <p>A physician's order, dated 4/15/08, indicated Oxybutynin 5 mg give 1/2 tablet two times a day. The June 2008, July 2008, August 2008, September 2008, October 2008 and November 2008 MAR indicated the resident had been receiving 1/2 tablet of Oxybutynin two times a day. The pharmacy label on the medication container revealed Oxybutynin 5 mg, give 1/2 to 1 tablet two times a day as needed. A notation had not been made on the medication label indicating a change in the order.</p> <p>2. Resident #5 was admitted on 9/16/08. A physician's order, dated 9/18/08, indicated Lantus 20 units to be given in the morning. The September 2008, October 2008 and November 2008 MAR indicated the resident had been receiving Lantus 20 units in the morning. The pharmacy label on the medication box revealed Lantis 10 units to be given at bedtime. A notation had not been made on the medication label indicating a change in the order.</p> <p>On 11/25/08 at 9:10AM, Employee #2 revealed he calls the pharmacy for refills on the medications. The employee would change the MAR to reflect the current order. The employee did not send the new order to the pharmacist to</p>	Y 882			

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Y 882	Continued From page 4 change the medication label. The employee indicated he was not aware of the need to document the change on the medication container and to replace the medication label within five days. Severity: 1 Scope: 2	Y 882			
Y1010 SS=F	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on interview and record review on 11/25/08, the facility failed to ensure 2 of 2 caregivers received eight hours of training concerning the care of residents with mental illnesses (Employee #2 and #3). Findings include: On 4/30/08, the facility had an endorsement added to its license to care for residents with mental illnesses. Employee #2 was hired on 10/10/04. The employee's file did not contain documented evidence of eight hours of training related to the	Y1010			

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Y1010	Continued From page 5 care of persons with mental illnesses. Employee #3 was hired on 10/10/04. The employee's file did not contain documented evidence of eight hours of training related to the care of persons with mental illnesses. On 11/25/08 at 11:40AM, Employee #2 indicated there was no training available until the first quarter of 2009. Severity: 2 Scope: 3	Y1010			
Y1020 SS=F	449.2766(1) Chronic Illness Training NAC 449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to the care provided to such persons and in the actions necessary to control infections. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the employees received the four (4) hours of training concerning the care of residents with chronic illnesses (Employees #2, and #3). On 4/30/08, the facility had an endorsement added to its license to care for residents with chronic illnesses.	Y1020			

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Y1020	<p>Continued From page 6</p> <p>Employee #2 was hired on 10/10/04. The employee's file did not contain documented evidence of four hours of training related to the care of persons with chronic illnesses.</p> <p>Employee #3 was hired on 10/10/04. The employee's file did not contain documented evidence of four hours of training related to the care of persons with chronic illnesses.</p> <p>On 11/25/08 at 11:40AM, Employee #2 indicated there was no training available until the first quarter of 2009.</p> <p>Severity: 2 Scope: 3</p>	Y1020			

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